07/20/2011 18:02

Image# 11932030574

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 07 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

From:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

To:

2011

Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D 0 1 Y W Y 2011 ^D 30 м м 0 6 м м 0 6

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a) Cash on Hand January 1 2011 Y Y Y		253762.79
(b) Cash on Hand at Begining of Reporting Period	270072.27	
(c) Total Receipts (from Line 19)	44852.49	237564.55
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	314924.76	491327.34
Total Disbursements (from Line 31)	39150.78	215553.36
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	275773.98	275773.98
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

м м 0 6 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 26357.51 169767.11 (i) Itemized (use Schedule A) 16366.02 63310.41 (ii) Unitemized (iii) TOTAL (add 42723.53 233077.52 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 42723.53 233077.52 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 2128.96 4487.03 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 44852.49 237564.55 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 44852.49 237564.55 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures: (a) Shared Federal/Non-Federal		Table 1001 to Buto	
Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	1150.78	4053.36	
(c) Total Operating Expenditures	1150.78	4053.36	
(add 21(a)(i), (a)(ii) and (b))			
Committees	0.00	0.00	
Federal Candidates/Committeesand Other Political Committees	38000.00	211500.00	
Independent Expenditure (use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made 8. Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
9. Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
21. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39150.78	215553.36	
_	33.333	2.333.30	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	39150.78	215553.36	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	42723.53	233077.52
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42723.53	233077.52
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1150.78	4053.36
37.	Offsets to Operating Expenditures (from Line 15, page 3)	2128.96	4487.03
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-978.18	-433.67

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any perso g the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Mary Ankers, MD Mailing Address PO Box 295 City Andover FEC ID number of contributing federal political committee. Name of Employer US Air Force	State Zip Code MA 01810-0005 C Occupation Physician	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1300651 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Timothy K Atkinson, MD Mailing Address Canton-Potsdam F 50 Leroy St City Potsdam FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NY 13676 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Frederic Baker, MD Mailing Address 32 Mark Cir	365.00	Date of Receipt 0 6 2 4 2 0 1 1
City Holden FEC ID number of contributing federal political committee.	State Zip Code MA 01520-1410 C	Transaction ID: C1308624 Amount of Each Receipt this Period 50.00
Name of Employer UMMHC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option:	al)	915.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	American Academy of Family Physic	ians Political Action Committee	
٩.	Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD		Date of Receipt
	Mailing Address 612 Cody Dr	Olds 7's Ords	06 07 2011
	City Thomasville	State Zip Code NC 27360-9674	Transaction ID: C1295543 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer ACT Medical Group	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD		Date of Receipt
	Mailing Address 4407 Leedy Rd		06 20 2011
	City	State Zip Code TN 37664-2117	Transaction ID: C1321025
	Kingsport FEC ID number of contributing federal political committee.	TN 37664-2117	Amount of Each Receipt this Period
	Name of Employer East Tennessee State Univ- ersity	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
- :.	Full Name (Last, First, Middle Initial) Robert C M Bourne, MD		Date of Receipt
	Mailing Address 1300 E Cooley Dr		06 03 / Y Y Y Y
	City	State Zip Code	Transaction ID: C1294904
	Colton FEC ID number of contributing federal political committee.	CA 92324-3905	Amount of Each Receipt this Period 30.42
	Name of Employer Beaver Medical Group	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	
	SUBTOTAL of Receipts This Page (optional)		495.42

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Robert C M Bourne, MD			Date of Receipt
	Mailing Address 1300 E Cooley Dr		7: 0 !	06 28 2011
	City Colton	State CA	Zip Code 92324-3905	Transaction ID: C1310388 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer Beaver Medical Group	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 212.94	
- В.	Full Name (Last, First, Middle Initial) Kenneth Keith Carrell, MD Mailing Address 1115 1st Ave S	_ I		Date of Receipt
				06 10 2011
	City Pavette	State ID	Zip Code 83661-2810	Transaction ID: C1301821 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30001 2010	500.00
	Name of Employer Valley Family Health	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Cory D Carroll, MD			Date of Receipt
	Mailing Address 1040 E Elizabeth St S	Ste 2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State CO	Zip Code	Transaction ID: C1304360
	Fort Collins FEC ID number of contributing federal political committee.	C	80524-3952	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			580.42
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD			Date of Receipt
Mailing Address PO BOX 506			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntingdon	State TN	Zip Code	Transaction ID: C1310383
FEC ID number of contributing federal political committee.	C	38344-0506	Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Michael Kevin Cavanagh, MD			Date of Receipt
Mailing Address 2590 W 148th Ct			0 6 2 0 1 1 2 0 1 1
City Broomfield	State CO	Zip Code 80023-8707	Transaction ID: C1304848
FEC ID number of contributing federal political committee.	C	00023-07-07	Amount of Each Receipt this Period 365.00
Name of Employer Westmed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	_ ' ' _ '	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Po-Shen Chang, MD			Date of Receipt
Mailing Address 139 Monticello Dr			0 6 0 3 2 0 1 1
City Longview	State WA	Zip Code 98632-9522	Transaction ID: C1294909
FEC ID number of contributing federal political committee.	C	30032-3322	Amount of Each Receipt this Period 500.00
Name of Employer Northwest Permanente	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		965.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 49 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Maheswari Chinimilli, MD Mailing Address 201 Rabern Ct Apt		7:n Code	Date of Receipt 0 6 0 7 2 0 1 1
City Belton FEC ID number of contributing federal political committee.	State TX	Zip Code 76513-1945	Transaction ID: C1295583 Amount of Each Receipt this Period 365.00
Name of Employer Scott Xwhite Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Nageswara Rao Chunduru, MD Mailing Address 3119 Saint Johns D)r		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Murfreesboro FEC ID number of contributing federal political committee.	State TN	Zip Code 37129-5835	Transaction ID: C1300545 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate]
Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address 900 Ne 10Th St			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Oklahoma City FEC ID number of contributing federal political committee.	State OK	Zip Code 73104-5420	Transaction ID: C1304376 Amount of Each Receipt this Period 333.33
Name of Employer University of Oklahoma Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate]
SUBTOTAL of Receipts This Page (optional	l)		948.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 49 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any pe the name and address of any political committee icians Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose M David, MD Mailing Address 804 Huntington Ct		Date of Receipt
City Albany	State Zip Code NY 12203-6015	Transaction ID: C1295086 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Prime Care Physicians PL- LC Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Randy Easterling Md Easterling, MD Mailing Address 607 Tiffintown Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1304312
Vicksburg	MS 39183-1503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Street Clinic - River Reg- ion Health Sy Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD		Date of Receipt
Mailing Address 510 Aqua Ct		0 6 1 4 2 0 1 1
City	State Zip Code	Transaction ID: C1303096
York FEC ID number of contributing federal political committee.	PA 17403-3623	Amount of Each Receipt this Period 350.00
Name of Employer Strategic Health Institute	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
SUBTOTAL of Receipts This Page (optional)	1225.00

ITEMIZI	ULE A (FEC Form 3X) ED RECEIPTS	ttetemente me	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 49 (check only one) X 11a
or for comm	ation copied from such Reports and S hercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nan	ne (Last, First, Middle Initial)			B. (B.)
	vki Flagg, MD Address 9129 Bradford Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Silver S	Spring	State MD	Zip Code 20901-4917	Transaction ID: C1294349 Amount of Each Receipt this Period
	number of contributing political committee.	C		35.00
Name of USN	Employer	Occupatio Doctor	on	
	For: imary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
B. Michael	ne (Last, First, Middle Initial) O Fleming, MD Address 556 Dunmoreland Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1293449
	port number of contributing solitical committee.	C	71106-6125	Amount of Each Receipt this Period 250.00
Name of Amedisy	Employer ys, Inc	Occupatio Chief Me	edical Officer	
	For: imary ☐ General her (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
C. David C	ne (Last, First, Middle Initial) Flinders, MD Address 928 S Wolf Hollow Dr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1303066
	h Fork number of contributing solitical committee.	C	84660-2818	Amount of Each Receipt this Period 365.00
Name of Intermod	Employer untain Health Care	Occupatio Physicia		
	For: imary General her (specify) ▼	, ' 	e Year-to-Date ▼ 365.00	
SUBTOTA	L of Receipts This Page (optional)	1		650.00
TOTAL T	nis Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) John P Franko, MD		Date of Receipt
Mailing Address PO BOX 70621 City	State Zip Code	0 6 2 1 2 0 1 1 2 0 1 1
Johnson City	TN 37614-1709	Transaction ID: C1307360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer East TN State University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Deborah Geismar Md Geismar, MD Mailing Address 822 Monroe St		Date of Receipt
		06 21 2011
City	State Zip Code	Transaction ID: C1307361
Evanston FEC ID number of contributing federal political committee.	IL 60202-2615	Amount of Each Receipt this Period 300.00
Name of Employer Family Medicine Associates of Lutheran	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence Dr		06 22 2011
City	State Zip Code	Transaction ID: C1321030
Waco FEC ID number of contributing federal political committee.	TX 76707-2261	Amount of Each Receipt this Period 416.67
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	
SUBTOTAL of Receipts This Page (optional))	1081.67
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physic	cians Folitical Action Committee	
Full Name (Last, First, Middle Initial) Jimmy Hideo Hara, MD		Date of Receipt
Mailing Address 5723 Lubao Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1317474
Woodland Hills	CA 91367-6916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Michael H Hartsell, MD		Date of Receipt
Mailing Address 1404 Tusculum Blvd MOB # 3 Suite 2100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1304318
Greeneville	TN 37745-4329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Summit Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Carl L Haynes, Jr		Date of Receipt
Mailing Address PO BOX 646		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1317695
<u>La Grange</u>	NC 28551-0646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Kinston Medical Specialis- ts	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		965.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 49 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Darren Paul Hee, MD			Date of Receipt
Mailing Address 1191 E Paseo Pavo Online Resources (06 03 7 2011
City	State	Zip Code	Transaction ID: C1294906
Tucson	AZ	85718-2809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	- ' '	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Lori J Heim, MD	1		Date of Receipt
Mailing Address 250 Hollybrook Far	m Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1310381
Vass	NC	28394-8952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer Scotland Memorial Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.02	
Full Name (Last, First, Middle Initial) Harry J Heiman, MD			Date of Receipt
Mailing Address 3 Old Virginia Chas 2520 Windy Hill Rd			06 09 7 2011
City	State	Zip Code	Transaction ID: C1301138
<u>Atlanta</u>	GA	30327-4261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Morehouse School of Medic- ine	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional			1916.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 49 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phy	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address PO BOX 5039			Date of Receipt 0 6 1 1 1 2 0 1 1
City Sioux Falls FEC ID number of contributing federal political committee.	State SD	Zip Code 57117-5039	Transaction ID: C1302851 Amount of Each Receipt this Period 225.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dennice H Herman, MD Mailing Address 224 Players Ridge	Rd		Date of Receipt 0 6 1 4 2 0 1 1
City Hickory FEC ID number of contributing	State NC	Zip Code 28601-8840	Transaction ID: C1303093 Amount of Each Receipt this Period 240.00
Receipt For: Primary Other (specify)	Occupation Physician]
Full Name (Last, First, Middle Initial) Ann E Hoos Young, MD Mailing Address 1657 Hampton Oa	ıks Bnd		Date of Receipt
City Marietta FEC ID number of contributing federal political committee.	State GA	Zip Code 30066-4451	Transaction ID: C1310362 Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (option	al)		830.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	eschedule(s) gory of the	FOR LINE NUMBER: PAGE 17 / 49 (check only one) X 11a 11b 11c 12 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician			
Full Name (Last, First, Middle Initial) Elvin C Irvin, MD Mailing Address 555 E Cheves St City Florence FEC ID number of contributing federal political committee. Name of Employer Baptist Health Care Receipt For: Primary General Other (specify)	State Zip Code SC 29506-261 C Occupation Physician Aggregate Year-to-Date		Date of Receipt M M M / D D O 2011 Transaction ID: C1303730 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Paul Arthur James, MD Mailing Address 01286-D PFP 200 HAWKINS DR City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of Iowa Receipt For: Primary General Other (specify)	State Zip Code IA 52242-100 C Occupation Physician Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1304321 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Jessica Johnson Mailing Address 38 Hall St City Newington FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: Primary General Other (specify)	State Zip Code CT 06111-255 C Occupation Student Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y O 6 15 2011 Transaction ID: C1303651 Amount of Each Receipt this Period 35.00
SUBTOTAL of Receipts This Page (optional)		<u> </u>	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lent C Johnson, MD Mailing Address 2505 Hyacinth Ave City Hannibal FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For:	State Zip Code MO 63401-2274 C Occupation Information Requested Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark S Keating, MD Mailing Address 801 20Th Ave E City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Jasper FEC ID number of contributing federal political committee. Name of Employer Family Health Associates PC Receipt For: Primary General Other (specify) ▼	AL 35501-4070 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD Mailing Address 6502 62Nd Street C City University Place FEC ID number of contributing federal political committee. Name of Employer Multicare Health System Receipt For:	t W State Zip Code WA 98467-4954 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 8 / 2 0 1 1 Transaction ID: C1310529 Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	300.00	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 49 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Richard J Kempert, MD			Date of Receipt
Mailing Address 28851 Curlew Ln			0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: C1302906
Laguna Niguel FEC ID number of contributing federal political committee.	CA	92677-1385	Amount of Each Receipt this Period 400.00
Name of Employer Pacific Crest Medical Gro-	Occupatio Physicia		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Selmer	State TN	Zip Code	Transaction ID: C1312454
FEC ID number of contributing federal political committee.	C	38375-1864	Amount of Each Receipt this Period
Name of Employer Primecare Medical Center	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD			Date of Receipt
Mailing Address 3 Freedom Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1304361
Walpole FEC ID number of contributing federal political committee.	C	02081-2290	Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
	L		1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Thomas F Koinis, MD Mailing Address 101 Professional P	ark Ste A	Date of Receipt
		06 09 2011
City <u>O</u> xford	State Zip Code NC 27565-2580	Transaction ID: C1300537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Oxford Family Physicians	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Alan R Kunkel, DO		Date of Receipt
Mailing Address 1929 Sandee Cres		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1318043
Virginia Beach	VA 23454-2307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roosevelt Family Practice	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Edward L Langston, MD		Date of Receipt
Mailing Address 4708 Doe Path Ln		0 6 2 1 2 0 1 1
City	State Zip Code	Transaction ID: C1307369
Lafayette	IN 47905-8528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer American Health Network of Indiana, LL	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
		980.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	~)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Daniel Scott Lewis, MD			Date of Receipt
Mailing Address 438 E Vann Rd Ste	100		0 6 3 0 2 0 1 1
City Greeneville	State TN	Zip Code 37743-7202	Transaction ID: C1312452 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	077407202	100.00
Name of Employer Takoma Medical Associates	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Timothy F Linder, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			0 6 3 0 Y Y Y Y Y Y
City Selmer	State TN	Zip Code	Transaction ID: C1312453
FEC ID number of contributing federal political committee.	C	38375-1864	Amount of Each Receipt this Period
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD			Date of Receipt
Mailing Address 615 S Mill St			0 6 1 7 2 0 1 1
City Fergus Falls	State MN	Zip Code 56537-2756	Transaction ID: C1321024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30337-2730	100.00
Name of Employer Lake Region Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (options	<u> </u>		1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) American Academy of Family Physi	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marlys Schulz Luebke, MD		Date of Receipt
Mailing Address PO Box 23		06 16 2011
City	State Zip Code	Transaction ID: C1304311
Corsica	SD 57328-0023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Douglas County Memorial Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD		Date of Receipt
Mailing Address 339 S Presa St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1307367
San Antonio	TX 78205-3425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Christus Health Care	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Constance Magoulias, MD		Date of Receipt
Mailing Address 13605 Shaker Blvd Apt 3A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1295055
Cleveland	OH 44120-5632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MetroHealth Hospital Syst- em	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00]
		650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 49 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Renee L Markovich, MD			Date of Receipt
	Mailing Address Akron General Center 400 Wabash Ave	for Family N	Ле	06 03 7 2011
	City	State OH	Zip Code	Transaction ID: C1294905
	Akron FEC ID number of contributing federal political committee.	C	44307-2433	Amount of Each Receipt this Period 365.00
	Name of Employer Akron General Medical Cen- ter	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Kevin B Martin, MD Mailing Address 2903 219th Ave E			Date of Receipt
		01-1-	7' - 0 - 1-	06 28 2011
	City Lake Tapps	State WA	Zip Code 98391-5634	Transaction ID: C1310382 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Sound Family Medicine	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
-).	Full Name (Last, First, Middle Initial) Paul K Mayeda, MD			Date of Receipt
	Mailing Address 23723 22nd Dr SE			06 21 2011
	City	State WA	Zip Code	Transaction ID: C1307368
	Bothell FEC ID number of contributing federal political committee.	C	98021-9627	Amount of Each Receipt this Period 365.00
	Name of Employer Lakeshore Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			830.00

City Brent AL 35034-0289 Transaction ID: C1299644 Amount of Each Receipt this Period Receipt For: Primary General Other (specify) ▼ FC ID number of contributing federal political committee. B. John S Meigs, MD Mailing Address PO BOX 289 City Brent Receipt For: Primary General Other (specify) ▼ FC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent Al 35034-0289 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Al 35034-0289 Amount of Each Receipt this Period FC C. Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C. C. Full Name of Employer Self Employed Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Occupation Physician	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Malgs, MD Malling Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code Brent AL 35034-0289 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Date of Receipt Name of Employer Self Employed Cocupation Physician Receipt For: Other (specify) ▼ Cocupation Physician Receipt For: Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1295569 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1295569 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1295569 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1295569 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1295569 Amount of Each Receipt file Period Transaction ID: C1303095 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Transaction ID: C1303095 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Transaction ID: C1303095 Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Amount of Each Receipt file Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date	or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer Primary General Other (specify) ▼ City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. C State S	1	sicians Political Action Committee	
City	John S Meigs, MD		-
Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ C C C C C C C C C C C C C C C C C C		Otata 7in Oada	06 03 2011
FEC ID number of contributing tederal political committee. Name of Employer Self Employed Physician Receipt For:	-		
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Coccupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing		25.00
Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) John's Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) John's Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer Sel	Name of Employer Self Employed		
John S Meigs, MD Mailing Address PO BOX 289 City Brent AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary Other (specify) ▼ City State Zip Code AL 35034-0289 Amount of Each Receipt this Period Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 Fig. City State State Zip Code AL 35034-0289 Date of Receipt Transaction ID: C1295569 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1303095 Amount of Each Receipt M M M M M M M M M M M M M M M M M M	Primary General		
City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 Fige City State Zip Code Brent AL 35034-0289 Full Name (Last, First, Middle Initial) John S Meigs, MD City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. C Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	John S Meigs, MD		─ │
Brent AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Maining Address PO BOX 209		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Physician Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		•	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 625.00	FEC ID number of contributing		25.00
Primary General Other (specify) ▼	Name of Employer Self Employed		
Date of Receipt Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: C1303095 Amount of Each Receipt this Period 25.0 Aggregate Year-to-Date ▼ 625.00	Primary General		
City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) Other (specify) Other (specify) State Zip Code Transaction ID: C1303095 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date Occupation Physician Aggregate Year-to-Date Other (specify) Other (specify)	, , , , , , , , , , , , , , , , , , , ,	-	Date of Receipt
Brent AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00			06 14 2011
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date 625.00	-	•	
Receipt For: Primary General Other (specify) General 625.00	FEC ID number of contributing		25.00
Primary General Other (specify) ▼ 625.00	Name of Employer Self Employed	· ·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	1)	75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be so e name and address of an	ld or used by any perso y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ans Political Action C	ommittee	
٨.	Full Name (Last, First, Middle Initial) John S Meigs, MD			Date of Receipt
	Mailing Address PO BOX 289			06 21 2011
	City Brent	State Zip C AL 3503	ode 4-0289	Transaction ID: C1307352 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7 0200	25.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 625.00	
_ 3.	Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289	1		Date of Receipt
	Mailing Address PO BOX 289			06 28 7 2011
	City Brent	State Zip C AL 3503	ode 4-0289	Transaction ID: C1310387
	FEC ID number of contributing federal political committee.	C 3505	4-0209	Amount of Each Receipt this Period 25.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 625.00	
- :.	Full Name (Last, First, Middle Initial) Andrew J Merritt, MD	L		Date of Receipt
	Mailing Address 28 1/2 E Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Z D 1.1
	City	State Zip C		Transaction ID: C1308481
	Marcellus FEC ID number of contributing federal political committee.	NY 1310	8-1226	Amount of Each Receipt this Period 365.00
	Name of Employer Self -Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		415.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements mag	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ıns Political	Action Committee	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD			Date of Receipt
Mailing Address 104 W 5Th Ave Ste 20	0W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1310380
Spokane	WA	99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physicial		1
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 -34	1500.00	
Full Name (Last, First, Middle Initial) Dale C Moquist, MD	<u> </u>		Date of Receipt
Mailing Address 14023 Southwest Fwy			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1304362
Sugar Land	TX	77478-3550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Physicians at Sugar Creek	Occupatio Family P		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Janet Lee Mullins, MD			Date of Receipt
Mailing Address 14436 S 25th PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1295541
Phoenix	AZ	85048-8047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			715.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/49 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael Lynn O'Dell, MD			Date of Receipt
Mailing Address 4704 Rockhill Rd			0 6 2 7 2 0 1 1
City Kansas City	State MO	Zip Code 64110-2029	Transaction ID: C1310355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer UPA	Occupatio Physicial		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) David C Olson, MD			Date of Receipt
Mailing Address S68w17729 Marybe	eck Ln		0 6 2 1 2 0 1 1
City Muskego	State WI	Zip Code	Transaction ID: C1307356
FEC ID number of contributing federal political committee.	C	53150-8508	Amount of Each Receipt this Period 365.00
Name of Employer Pro Health Care	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
Mailing Address PO BOX 806527			0 6 2 2 2 0 1 1
City Chicago	State IL	Zip Code 60680-4126	Transaction ID: C1321031
FEC ID number of contributing federal political committee.	C	00080-4120	Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF ILLINOIS CO- LLEGE OF MEDI	Occupatio PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
			855.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Maureen O Padden, MD, MPH Mailing Address 6000 W Highway 98			Date of Receipt
	COMMAND SUITE	State	Zip Code	0 6 0 2 2 0 1 1 Transaction ID: C1295627
	<u>Pensacola</u>	FL	32512-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer US Navy	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 280.00	
В.	Full Name (Last, First, Middle Initial) Yogeshwar Ashokkumar Patel, Patel Mailing Address 18644 Comstock Cir	l		Date of Receipt
				06 09 2011
	City Middleburg Heights	State OH	Zip Code	Transaction ID: C1300536
	FEC ID number of contributing federal political committee.	C	44130-6201	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Gregory C Reicks, DO			Date of Receipt
	Mailing Address 2503 Foresight Cir			06 08 2011
	City	State	Zip Code	Transaction ID: C1298358
	Grand Junction	CO	81505-1139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Foresight Family Physicia- ns	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			570.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 49 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
229 S Morrison St	alley Family Medici	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1295084
Appleton FEC ID number of contributing federal political committee.	WI 54911	Amount of Each Receipt this Period 100.00
Name of Employer University of WI School of Med. & Pub. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 600.00]
Full Name (Last, First, Middle Initial) Kenneth M Ripp, MD Mailing Address 1402 Slate St		Date of Receipt 0 6 3 0 2 0 1 1
City	State Zip Code	Transaction ID: C1312450
Cloquet	MN 55720-3033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Raiter Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mark Hehman Ryan, MD		Date of Receipt
Mailing Address 1924 Floyd Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1304481
Richmond FEC ID number of contributing federal political committee.	VA 23220-4516	Amount of Each Receipt this Period 250.00
Name of Employer VCU Health Systems	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descripts This Description	nal)	385.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 49 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia		
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani, DO Mailing Address 427 S Mountain Rd City Northfield FEC ID number of contributing federal political committee. Name of Employer Gardner Family Medicine Receipt For: Primary General Other (specify)	State Zip Code MA 01360-9684 C Occupation Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1295085 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd City Hilliard FEC ID number of contributing federal political committee.	State Zip Code OH 43026-9785	Date of Receipt M M M O 6 28 2011 Transaction ID: C1310530 Amount of Each Receipt this Period 100.00
Name of Employer Grant Medical Center Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Paul J Schommer, MD Mailing Address 311 W Noble Ave Ste 202 City Visalia FEC ID number of contributing federal political committee.	State Zip Code CA 93277-2669	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 49 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Columbus FEC ID number of contributing federal political committee.	State GA	Zip Code 31906-1443	Transaction ID: C1310385 Amount of Each Receipt this Period 250.00
Name of Employer Horizons Diagnostics Receipt For: Primary General Other (specify) ▼	Occupation family ph		
Full Name (Last, First, Middle Initial) Thomas A Smith, MD Mailing Address 300 Med - Dent Ctr 186 HOSPITAL RD City Winchester		Zip Code 37398-2472	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		365.00
Full Name (Last, First, Middle Initial) Alvin Sneed Md Sneed, MD Mailing Address 7 Whisperwood Cir		7.0.4	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>Lubbock</u> FEC ID number of contributing federal political committee.	State TX	Zip Code 79416-3126	Transaction ID: C1307353 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional	(ا)	865.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 49 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physi	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Albert M Sterns, MD		Date of Receipt
Mailing Address 1021 Drexel Pkwy		0 6 1 8 2 0 1 1
City	State Zip Code	Transaction ID: C1304460
Birmingham	AL 35209-6001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer N.W Ala Emerg Phys	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt
Mailing Address 14408 E Sprague Av	/e	0 6 28 2011
City	State Zip Code	Transaction ID: C1310384
Spokane Valley	WA 99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockwood Clinic	Occupation Physician	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Todd A Thames, MD		Date of Receipt
Mailing Address 333 N Santa Rosa A	ve	06 01 7 2011
City	State Zip Code	Transaction ID: C1293380
San Antonio	TX 78207-3108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CHRISTUS Santa Rosa Health System	Occupation Physician, Residency Program Directo	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)) >	700.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 49 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Daniel J Van Durme, MD			Date of Receipt
Mailing Address 7023 Dardwood Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State FL	Zip Code	Transaction ID: C1304319
Tallahassee FEC ID number of contributing federal political committee.	C	32312-3511	Amount of Each Receipt this Period 365.00
Name of Employer FSU College of Medicine	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Thomas J Vinton, MD			Date of Receipt
Mailing Address 626 S 19th St Apt 3			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha	State NE	Zip Code 68102-3136	Transaction ID: C1295545
FEC ID number of contributing federal political committee.	C	00102-5130	Amount of Each Receipt this Period 500.00
Name of Employer Alegent Health	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gary Jackson Wahl, MD			Date of Receipt
Mailing Address PO BOX 1370			0 6 3 0 2 0 1 1
City	State	Zip Code	Transaction ID: C1317767
Owensboro FEC ID number of contributing federal political committee.	C	42302-1370	Amount of Each Receipt this Period 365.00
Name of Employer Information Requested	Occupatio Informati	n ion Requested	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options			1230.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 49 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and addr	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	sicians Political A	Action Committee	
Full Name (Last, First, Middle Initial) Daniel A Walters, MD			Date of Receipt
Mailing Address 2304 E County Ro	ad 950 N		M M / D D / Y Y Y Y Y O D D / 2011
City Seymour	State IN	Zip Code 47274-8155	Transaction ID: C1310364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47274 0133	365.00
Name of Employer Caring Family Physicians	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dana S Ware, MD			Date of Receipt
Mailing Address PO BOX 1000			0 6 2 1 2 0 1 1
City	State	Zip Code	Transaction ID: C1307362
Chester FEC ID number of contributing	CA	96020-1000	Amount of Each Receipt this Period
federal political committee.			
Name of Employer Self Employed	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) E Mark Watts, MD			Date of Receipt
Mailing Address 415 S Pollard St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1301822
Vinton	VA	24179-2502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cavilier Faculty Medicine	Occupation Physician		
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any perso the name and address of any political committee to sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Mailing Address 59 Tipton Dr City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Chestatee Regional Hospital Receipt For: Primary General	State Zip Code GA 30533-1603 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Andy F Williamson, MD Mailing Address 214 Ridge Cir City Dublin FEC ID number of contributing federal political committee.	State Zip Code GA 31021-3715	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Harold A Williamson, MD Mailing Address 1112 S Glenwood A		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbia FEC ID number of contributing federal political committee.	State Zip Code MO 65203-2877	Transaction ID: C1307365 Amount of Each Receipt this Period 250.00
Name of Employer University of Missouri Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional		1000.00
TOTAL This Period (last page this line num	her only)	26357.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 49 (check only one) 11a 11b 11c 12 13 14 X 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	ek Pkwy State Zip Code KS 66211-2672 C Occupation Aggregate Year-to-Date 4487.03	Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 1 2 0 1 1 Transaction ID: C1306056 Amount of Each Receipt this Period 352.93
Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Aggregate Year-to-Date ▼ 4487.03]
American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood	ek Pkwy State Zip Code KS 66211-2672	Date of Receipt 0 6 2 7 2 0 1 1 Transaction ID: C1310359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	C Occupation Aggregate Year-to-Date ▼	1073.59
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	4487.03	2128.96

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN			:		PA	AGE	37 /	49	
ITEMIZED DISBURSEMENTS		category of the Summary Page	1-	X	heck or 21b 27		e) 22 28a	23 28k	1	24 28c		25 29	26	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					person	n for th	ne purp	ose of	s	oliciting c		butions		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	ction Committe	е											
Full Name (Last, First, Middle Initial) American Express						_ [ransa Date of	Disbu	rse	D1173		2 0 1 -	Y	_
Mailing Address PO Box 53852						I.	0 0					. 0 1		
•	State AZ	Zip Code 85072-3852				<i>A</i>	Amoun	t of Ea	ch	Disburse	mer	nt this I	Period	
Purpose of Disbursement Bank card processing fee				U								26.54		
Candidate Name				teς Γyp	gory/ be									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		<i>,</i>										
Full Name (Last, First, Middle Initial)						Т	ransa	ction l	D:	D117	316			-
American Express							Date of	Disbu	rse	ement		, , , ,		
Mailing Address PO Box 53852							0 ^M 6 M]	0	2 /	2	0 1 °	l	
City Phoenix	State AZ	Zip Code 85072-3852				1	Amoun	t of Ea	ch	Disburse	mer	nt this I	Period	_
Purpose of Disbursement Bank card processing fee				0		1 l						1.95	5	
Candidate Name				tec Typ	gory/									
Senate President	ement For: Primary Other (spe	General	'	ı yı										
State: District: Full Name (Last, First, Middle Initial)						+ +	ranca	ction l	ח.	D117	217			-
American Express							Date of	Disbu	rse	ement		/	V	
Mailing Address PO Box 53852							0 6	J ' L	0	3 /	2	0 1 1		
City Phoenix	State AZ	Zip Code 85072-3852				A	Amoun	t of Ea	ch	Disburse	mer	nt this I	Period	_
Purpose of Disbursement						1 l						65.00)	
Bank card processing fee Candidate Name				teς	gory/									
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		· y⊦										
State: District:		· 												_
SUBTOTAL of Disbursements This Page (optional)					<u> </u>							93.49		

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use separat	te schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each cat		(check only 21b 27	one) 22
Any Information copied from such Reports and State			y any person fo	r the purpose of soliciting contributions
or for commercial purposes, other than using the nar	ne and address	of any political co	ommittee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action	on Committee		
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D117318 Date of Disbursement
Mailing Address PO Box 53852				$\begin{bmatrix} \begin{smallmatrix} M \\ O & G \end{smallmatrix} \end{bmatrix} \ ' \ \begin{bmatrix} \begin{smallmatrix} D \\ O & G \end{smallmatrix} \end{bmatrix} \ ' \ \begin{bmatrix} \begin{smallmatrix} Y \\ O & O \end{smallmatrix} \end{bmatrix} \ ' \ \begin{bmatrix} \begin{smallmatrix} Y \\ O & O \end{smallmatrix} \end{bmatrix} \ '$
City Phoenix		Zip Code 35072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee				8.13
Candidate Name			Category/ Type	
Senate President	sement For: Primary Other (specify	General y) ▼		
State: District:				
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D117319 Date of Disbursement
Mailing Address PO Box 53852				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}$
City Phoenix		Zip Code 35072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee				2.76
Candidate Name			Category/ Type	
Office Sought: House Disburs Senate President	Primary Other (specify	General v) ▼		
State: District:		· 		
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D117320 Date of Disbursement
Mailing Address PO Box 53852				$\begin{bmatrix} 0.6 & M & 7 & D & D & 7 & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Phoenix		Zip Code 35072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee				20.31
Candidate Name			Category/ Type	
	Primary	General		
Senate President	Other (specify	J) ▼		
	Other (specify	√		
President				31.20

	HEDULE E	B (FEC Form	3X)	Use sepa	rate schedule(s)				NUMBE	R:			PAGI	39 /	49
ITE	EMIZED DIS	SBURSEMEN	ITS	for each o	category of the Summary Page		X 2	ck only 1b	22 28a	П	23 28b	24		25 29	$\frac{2}{3}$
		ed from such Reports poses, other than us													5
ı \	NAME OF COMM American Acad	MITTEE (In Full) demy of Family Ph	nysicians P	olitical Ac	tion Committe	e									
	Full Name (Last, American Expr	First, Middle Initial)										: D11 ement	7321		
	Mailing Address	PO Box 53852							0 ^M 6	M	D 1	3	Y	ž 0 1 1	1
	City Phoenix			State AZ	Zip Code 85072-3852				Amou	nt of	Each	Disbu	rseme	nt this f	-
	Purpose of Disbu Bank card proces Candidate Name						ata a a a				•		•	39.00)
	Office Sought:	House	Disburser	ment For:			Type	y/							
		Senate President		Primary Other (spe	General cify) ▼										
	State: Full Name (Last, American Expr	District: First, Middle Initial)										: D11	7322)	
	Mailing Address	PO Box 53852								M /	D 1	ement 3	Υ	ž 0 1 1	1 Y
	City Phoenix			State AZ	Zip Code 85072-3852				Amou	nt of	Each	Disbu	rseme	nt this f	Perioc
	Purpose of Disbu Bank card proces								L.		•		•	31.36	3
	Candidate Name		1 5			С	ategor Type	y/							
	Office Sought: State:	House Senate President District:	Disburser	nent For: Primary Other (spe	General Cify) ▼										
	Full Name (Last, American Expr	First, Middle Initial) ess	•								sburs	: D11 ement	7323	3	
	Mailing Address	PO Box 53852							0 6	M /	D 1	4	Y	ž 0 1 1	ı
	City Phoenix			State AZ	Zip Code 85072-3852				Amou	nt of	Each	Disbu	rseme	nt this f	
	Purpose of Disbu Bank card proces Candidate Name					C	ategor Type	y/			•		•	19.22	
	Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼										
	State:	District:													

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 / 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater		by any person for	or the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any political of	committee to sol	icit contributions from such committee
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee	Э	
Full Name (Last, First, Middle Initial)			Transaction ID: D117324
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D & D \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			2.97
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	,,	
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D117763 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & T \end{bmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement		-	19.34
Bank card processing fee Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Турс	
Full Name (Last, First, Middle Initial)			Transaction ID: D117764
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{bmatrix} \ .$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			19.57
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	туре	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	41.88

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 41 / 49
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onlocation (check onlocation) 21b 27	y one) 22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	Political Action Committee		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D117765 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement		* *	13.47
Bank card processing fee Candidate Name		Category/	
Sandidate Name		Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D117766 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & J & J \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			6.50
Candidate Name	C	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D117767 Date of Disbursement
Mailing Address PO Box 53852			06 7 27 7 2011
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			4.06
Candidate Name	C	Category/	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	24.03

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	USE SEparate Scriedule(S) (abantana)						49					
ITEMIZED DISBURSEMENTS	for each category o Detailed Summary		- ا	21b 27	П	22 28a		23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				ny persor		the pu		e of so	oliciting c		outions	
NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians I	Political Action Cor	mmittee										
Full Name (Last, First, Middle Initial) American Express						Trans Date o			D1177	768		
Mailing Address PO Box 53852						0 ^M 6	М	^D 2	7 7	Ž	0 1 1	ľ
City Phoenix	State Zip Code AZ 85072-					Amou	nt of	Each	Disburse	men	t this f	Period
Purpose of Disbursement Bank card processing fee	AZ 0307Z	-3032		•							3.25	5
Candidate Name				egory/ ype								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Ge Other (specify)	eneral										
Full Name (Last, First, Middle Initial)					+							
American Express						Date o		sburse				V
Mailing Address PO Box 53852						0 6		2	8 7	2	0 1 1	
City Phoenix	State Zip Code AZ 85072-					Amou	nt of	Each	Disburse	men		
Purpose of Disbursement Bank card processing fee			-								0.65	5
Candidate Name		C		egory/ ype								
Senate President	ement For: Primary Ge Other (specify) \blacktriangleright \blacktriangleright	eneral										
State: District:												
Full Name (Last, First, Middle Initial) American Express						Date o	of Di	sburse				
Mailing Address PO Box 53852						0 6	М	2	9 /	Ž	0 1 1	ľ
City Phoenix	State Zip Code AZ 85072-					Amou	nt of	Each	Disburse	men	t this f	Period
Purpose of Disbursement Bank card collection fee											4.95	5
Candidate Name				egory/ ype								
Office Sought: House Disburse Senate President	ement For: Primary Ge Other (specify)	eneral										
State: District:	·											
SUBTOTAL of Disbursements This Page (optional)				▶							8.85	

TOTAL This Period (last page this line number only)

A.

B.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 43 / 49 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D117771 Bank Of America Merchant Services Date of Disbursement 3 Ŏ 0 6 2011 Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Amount of Each Disbursement this Period WA 99210-2485 Spokane 5.40 Purpose of Disbursement Excess Transaction Fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: D117314 Bank Of America Merchant Services Date of Disbursement 0 1 0 6 2011 Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Amount of Each Disbursement this Period 99210-2485 Spokane WA 856.35 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	861.75
TOTAL This Period (last page this line number only)	•	1150.78

Primary

Other (specify)

State:

	CHEDULE B (FEC FOIIII .	' Use	separate schedule(s)			.INE NUM : only one)	DEN.			AGE	44 / 4	.9
	EMIZED DISBURSEMEN	Deta	ach category of the iled Summary Page		21I 27	b 22 28	a	23 28b	24 28		25 29	2 3
	y Information copied from such Reports for commercial purposes, other than usir											
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	ysicians Politica	l Action Committe	е								
<u>/</u>	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE					Da	te of D	isburs	Ement		Y	Υ
	Mailing Address 424 C St NE Basement Unit					0	6) /	. 2	0 1 1	
	City Washington	State DC	Zip Code 20002-5818			An	ount c	f Each	Disbur	semen	t this P	eriod
	Purpose of Disbursement Campaign contribution									25	00.00	
	Candidate Name				itegory/ Type							
	Office Sought: House Senate President State: District:	Disbursement For Primar										
	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC					Da	te of D	isburs				V
	Mailing Address 7315 Wisconsin Suite 310 East	n Avenue				0	6 ^M	/ D 2	20 /	ž Ž	0 1 1	Y
	City Bethesda	State MD	Zip Code 20814			An	ount c	f Each	Disbur	semen	t this P	eriod
	Purpose of Disbursement Campaign contribution				•	7 -				10	00.00	
	Candidate Name				tegory/ Type	_						
	Office Sought: House Senate President State: District:	Disbursement For Primal Other										
	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS					Da	te of D	isburs				
	Mailing Address PO Box 14131					lo ₀	6 ^M	/ D	5 /	Ý Ž	0 1 1	Y
	City Saint Paul	State MN	Zip Code 55114-0131			An	ount o	f Each	Disbur	semen	t this P	eriod
	Purpose of Disbursement Campaign contribution Candidate Name			Ca	itegory/]	•			25	00.00	
	Rep. Betty McCollum		00:5		Гуре							
	Office Sought: X House Senate President State: MN District: 04	Disbursement For X Primal Other										

ITE	MIZED DI				arate schedule(s)		FOR LINE check onl					49
		SBURSEMEN	ITS		category of the Summary Page	F	21b 27	22 28a	X 23 28b	24 28c	25 29	
		ed from such Reports										
\ \ \	NAME OF COM	<u> </u>								<u> </u>		
		First, Middle Initial) FOR CONGRESS	6						f Disburs		438	
N	Mailing Address	PO Box 1575						0 6	M / D	22	žož	1 Y
	City Plattsburgh		Sta N'		Zip Code 12901-0286			Amou	nt of Each	Disburs	ement this	
C	Purpose of Disbu	oution						L.		• • •	2500.0	0
F	Candidate Name Rep. Bill Ower	ns	l Diahama		0010		egory/ ype					
	Office Sought: State: NY	X House Senate President District: 23		ent For: rimary Other (spo	2012 General ecify) ▼							
F	Full Name (Last,	First, Middle Initial) R CONGRESS	1					Date o	f Disburs			
N	Mailing Address	P. O. Box 178	13					0 6	M / D	20	ž01	1 Y
	City Richmond		Sta V/		Zip Code 23226			Amou	nt of Each	n Disburs	ement this	
C	Purpose of Disbu Campaign contrib										2500.0	0
	Candidate Name Rep. Eric Cant						egory/ ype					
	Office Sought: State: VA	X House Senate President District: 07		ent For: rimary Other (spo	2012 General ecify)							
	, .	First, Middle Initial) JOHN BOEHNER						Date o	f Disburs		140	
N	Mailing Address	7908 Cincinna	ti Dayton Ro	ad				0 6	M / D	7 /	² 0 1	1
	City West Chester		Sta O		Zip Code 45069			Amou	nt of Eacl	Disburs	ement this	
(Purpose of Disbu Campaign contrib							L.			2500.0	Ü
F	Candidate Name Rep. John A. E		1 50 :				egory/ ype					
C	Office Sought:	X House Senate President		ent For: rimary Other (spe	2012 General ecify) ▼							
	State: OH	District: 08	1 -	٠.	•							

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBER	•	PAGE	46 / 4	19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check onl 21b 27	22 2 28a	X 23 28b	24 28c	25 29	26 30l
	y Information copied from such Reports and State for commercial purposes, other than using the nan								
	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee	ее						
<u>/_</u> А.	Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS				Date of	Disbursen			
	Mailing Address PO Box 1236				0 ^M 6 M	15		0 1 1	Y
	City Minden	State Zip Code LA 71058-1236			Amount	of Each D	isbursemer	-	-
	Purpose of Disbursement Campaign contributioin						25	500.00	
	Candidate Name Rep. John Fleming			egory/ ype					
	Senate President	ement For: 2012 Primary General Other (specify)							
	State: LA District: 04 Full Name (Last, First, Middle Initial)				Transa	etion ID:	D117414		
В.	VOLUNTEERS FOR SHIMKUS				Date of	Disbursen	nent	/ _ Y .	Υ
	Mailing Address P.O. BOX 661				0 6	2.0) 2	0 1 1	
	City COLLINSVILLE	State Zip Code IL 62234			Amount	of Each D	isbursemer		
	Purpose of Disbursement Campaign contribution						15	500.00	
	Candidate Name Rep. John Shimkus			egory/ ype					
	•	ement For: 2012 (Primary General Other (specify)							
C.	Full Name (Last, First, Middle Initial) YODER FOR CONGRESS				Date of	Disbursen			
	Mailing Address P.O. Box 26742				06	[/] ^D 2 0		011	Y
	City Overland Park	State Zip Code KS 66225			Amount	of Each D	isbursemer		
	Purpose of Disbursement Campaign contribution				L.		20	00.00	
	Candidate Name Rep. Kevin Yoder			egory/ ype					
	Senate President	ement For: 2012 (Primary General Other (specify)							
Г	State: KS District: 03								
s	UBTOTAL of Disbursements This Page (optional)			•	<u></u>		60	00.00	
т	OTAL This Period (last page this line number only	r)		. •					

IT		Use sepa	rate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check onl	y one)
	y Information copied from such Reports and S or commercial purposes, other than using the			by any person	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia				
<u>v </u>	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS				Transaction ID: D117246 Date of Disbursement
	Mailing Address PO Box 581				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{bmatrix} \ Y$
	City Brighton	State MI	Zip Code 48116		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign conribution				2500.00
	Candidate Name Rep. Mike Rogers		0010	Category/ Type	
	Senate President	oursement For: X Primary Other (spec	2012 General cify) ▼		
	State: MI District: 08 Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS				Transaction ID: D117244 Date of Disbursement
	Mailing Address PO Box 271				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & T \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
	City White Plains	State NY	Zip Code 10605		
	White Plains Purpose of Disbursement Campaign contribution				Amount of Each Disbursement this Period 2500.00
	White Plains Purpose of Disbursement			Category/ Type	
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President Disl		2012 General		
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disl Senate	NY bursement For: X Primary	2012 General		
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 2931 E Dublin Grand	oursement For: X Primary Other (spec	2012 General		2500.00 Transaction ID: D117392
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	oursement For: X Primary Other (spec	2012 General		Transaction ID: D117392 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 2931 E Dublin Grand Ste 2000 City Columbus Purpose of Disbursement Campaign contribution	oursement For: X Primary Other (specially)	2012 General cify) Zip Code	Туре	Transaction ID: D117392 Date of Disbursement M 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 2931 E Dublin Grant Ste 2000 City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Pat Tiberi	oursement For: X Primary Other (special contents) Ville Road State OH	2012		Transaction ID: D117392 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	White Plains Purpose of Disbursement Campaign contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate President State: NY District: 18 Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 2931 E Dublin Grant Ste 2000 City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Pat Tiberi	oursement For: X Primary Other (specially)	2012	Type Category/	Transaction ID: D117392 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)

Use separate schedu	Use separate schedule(s) (ch	FOR LINE NUMBER: PAGE 48 / 49 (check only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29				
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Academy of Family Physician	me and address of any political committ					
/						
Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS CO Mailing Address PO Box 1007	DMMITTEE	Transaction ID: D117245 Date of Disbursement M 6 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Amount of Each Disbursement this Period				
Willows	CA 95988					
Purpose of Disbursement Campaign contribution		2500.00				
Candidate Name Rep. Wally Herger	Catego Typo					
Office Sought: X House Senate President State: CA District: 02	rsement For: 2012 X Primary General Other (specify)					
Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND		Transaction ID: D117401 Date of Disbursement				
Mailing Address 426 C St NE Rear Building		06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period				
Purpose of Disbursement Campaign contribution		2500.00				
Candidate Name	Catego Typo					
Office Sought: House Disbuse Senate President State: District:	rsement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE		Transaction ID: D117243 Date of Disbursement				
Mailing Address 1212 S VICTORY BLV	D	06 7 07 2011				
City BURBANK	State Zip Code CA 91502	Amount of Each Disbursement this Period				
Purpose of Disbursement Campaign contribution		2500.00				
Candidate Name Sen. Dianne Feinstein	Catego Typo					
X Senate President	rsement For: 2012 X Primary General Other (specify) ▼					
State: CA District: 00						
		7500.00				

ago# 1100200022		
SCHEDULE B (FEC Form 3X)	I ICA CANSTSTA CONACIIIA(C) I	E NUMBER: PAGE 49 / 49
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check of 21b 27	nly one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	olitical Action Committee	
Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE Mailing Address 236 MASSACHUSETTS A	AVE SHITE 110	Transaction ID: D117142 Date of Disbursement 0 6 0 7 7 7 2 0 1 1
City	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name Sen. Kirsten Gillibrand	Category/ Type	2500.00
Office Sought: House Disburse X President State: NY District: 00	* * * * * * * * * * * * * * * * * * * *	
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEMI	PLE SUITE 650	Transaction ID: D117397 Date of Disbursement M M M D D D M Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code UT 84101	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name Sen. Orrin G. Hatch	Category/ Type	2500.00
Office Sought: House Disburse X President	* * * * * * * * * * * * * * * * * * * *	

SUBTOTAL of Disbursements This Page (optional)		5000.00
TOTAL This Period (last page this line number only)	•	38000.00

State: UT

District: 00